2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2006 8:00 am Secretary of State

DOCUMENT # 752114 1. Entity Name WHITE SANDS OF LONGBOAT CONDOMINIUM ASSOCIATION,INC.					02-20-2006 90032 011 ****61.25					
307 S ORANGE AVE 307		Mailing Address 307 S ORANGE AVE SARASOTA, FL 34236	7 S ORANGE AVE			600189	318			
• 5: :- 15	(D)									
2. Principal Place of Business		3. Mailing Address			1 100W 1260	MILION TIMBAH HAMBA HAMIL I		IBU BIBU BIBU BIB	HIAL DE IBBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052006	Chg-NP	CR2E0	37 (11/05)		
City & State		City & State			4. FEI Numbe 59-2061	637			oplied For	
Zip	Country	Zip	Country			of Status Desired	; 🗆	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered		· · · · · · · · · · · · · · · · · · ·	
DEEC DALII A			Name							
1 001 MAIN	VOTREET /00 S . W/ASHI 'A. FL 34236	NOTON	Street A	(P.O. Box Number is Not Acceptable)						
0, 0 0 .	7472 0 7200									
			City				FL	Zip Cod	e	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	egistered office o	r register	ed agent, or both	n, in the State of	Florida. I am	familiar with,	and accept	
SIGNATURE .										
	Signature, typed or printed name of registered agent	and tale if applicable. (NOTE:	Registered Agent signs	lure required	when reinstating)		DATE			
				lure required				k navabla t		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	paign Financing	lure required	\$5.00 May Be Added to Fees	FI	Make chec	k payable to		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06 94/383-20

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